



# AFFIDAVIT OF COMPLAINT

Leon County Animal Control, 501-B Appleyard Drive, Tallahassee, FL 32304  
Phone: 850/487-3172 FAX: 850/922-4348

**Any person who knowingly gives false information may be prosecuted under Chapter 837, F.S.**

Complainant's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby request that Leon County Division of Animal Control investigate and, if valid, issue a citation to the pet owner listed below. That I have personally witnessed the following incident.

Description of Nuisance or Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Occurrence: \_\_\_\_\_ Time(s): \_\_\_\_\_

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Description of Animal(s):

\_\_\_\_\_

Species	Breed	Color	Sex	Age
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Do you know or have knowledge of the animal's possible owner? Yes \_\_\_\_\_ No \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

I understand that by giving this sworn statement it will be necessary for me to appear before the Leon County Circuit Judge if this citation is contested or if the defendants appearance before the Circuit Court is mandatory.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
DAC Employee Recording Complaint/Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.  
(Driver license, state ID, etc)

\_\_\_\_\_  
NOTARY PUBLIC, State of Florida  
County of Leon

My Commission Expires: